

MICHIGAN ANNUAL REGION 7 TRAUMA REPORT-2020

REGION 7

Statutory Reference: R325.132 Rule 8 (3) (a) At least quarterly, a region shall submit evidence of ongoing activity, such as meeting notices, minutes to the department. Annually the regional trauma advisory council shall file a report with the department which describes progress toward system development, demonstrates ongoing activity, and includes evidence that members of the regional trauma advisory council are currently involved in trauma care.

OVERVIEW AND ASSESSMENT OF RESOURCES

Demographics:

Region 7 encompasses 11,170 square miles of land and extends across the northern portion of the Michigan's Lower Peninsula and parts of the Eastern Upper Peninsula. It is comprised of the following eighteen counties:

- | | | |
|--------------|------------------|----------------|
| • Alpena | • Emmet | • Missaukee |
| • Antrim | • Grand Traverse | • Montmorency |
| • Benzie | • Kalkaska | • Otsego |
| • Charlevoix | • Leelanau | • Presque Isle |
| • Cheboygan | • Mackinac | • Roscommon |
| • Crawford | • Manistee | • Wexford |

Of the eighteen counties in Region 7, twelve are designated as "rural" with Alpena, Benzie, Grand Traverse, Kalkaska, Leelanau, Missaukee, and Wexford being designated as "micropolitan" by the U.S. Office of Management and Budget. The year-round population of Region 7 is approximately 500,000 persons. However, it also experiences more than 12 million visitor-days per year. This is in part due to a variety of factors including, but not limited to: tourism, second-home and recreational home ownership, "snowbirds", seasonal tourism workers, agricultural migrants, and special events.

Medical Control Authorities:

MCA Name	Medical Director
Manistee County MCA	Joel Robinson, DO
North Central MCA	Shaun Ramsey, DO
Northeast MI MCA	Paul Bucchi, MD
Northern MI MCA	Kal Attie, MD
Northwest Regional MCA	Robert L. Smith, MD

Designation Status of Facilities in Region:

Facility Name	Designated Yes or No	Level of Designation
Kalkaska Memorial Hospital	Yes	IV
Mackinac Straights Health System	No	Provisional IV
McLaren Northern Michigan Hospital	Yes	II
MidMichigan Health Center – Alpena	Yes	III
Munson Healthcare Cadillac Hospital	Yes	IV
Munson Healthcare Charlevoix Hospital	Yes	IV
Munson Healthcare Grayling Hospital	Yes	IV
Munson Healthcare Manistee Hospital	No	Provisional IV
Munson Healthcare Otsego Memorial	Yes	IV
Munson Medical Center	Yes	II
Paul Oliver Memorial Hospital	Yes	IV

Governance:

Regional Trauma Network (RTN) Board

	Name and Title
Chairperson	John Cox, Executive Director Surgical Services, Munson
Vice Chairperson	Jane Poquette, TPM, McLaren Northern Michigan

Regional Trauma Advisory Council (RTAC)

	Name and Title
Chairperson	Jane Poquette, TPM, McLaren Northern Michigan
Vice Chairperson	Sarah Helveston, TPM, Munson Medical Center
Secretary	Tanya Rouse, TPM, Mid-Michigan Medical Center - Alpena

Regional Professional Standards Review Organization

	Name and Title
Chairperson	Kerry Kole, MD, TMD, Munson Medical Center
Vice Chairperson	Michael Martin, MD, TMD, McLaren Northern Michigan

Governance Activity Report:

- Regional Trauma Network Board (RTN Board): The RTN Board continues to provide guidance to the Regional Trauma Network stakeholders. Membership has fluctuated as roles change within member hospitals.
- Regional Trauma Advisory Council (RTAC): The RTAC is scheduled to meet every other month and is routinely attended by trauma representatives from across the Region. The Region's hospitals were heavily engaged in preparing for and responding to COVID-19 which prevented more in-depth involvement in Regional activities.
- Regional Professional Standards Review Organization (RPSRO): Although formal meetings were not held due to the COVID-19, the Region has continued to review aggregate data when available and discuss opportunities for improvement. A new initiative is centered on creation of a centralized command center in which a trauma surgeon would be tied in with EMS at the scene of a trauma and would direct EMS to the most appropriate facility based on EMS report and potentially bypassing a Level 3 or 4 center. The RPSRO also provided guidance to the smaller facilities on topics which improve their processes.

Work Plan Objective Progress and Highlights

Injury Prevention

Indicator 306.2: The RTN is active within the region in the monitoring and evaluation of regional injury prevention activities and programs.

Regional Score: 2. The RTN does some minimal monitoring and evaluation of injury prevention activities and programs in the region.

Objective: The Education and Injury Prevention Committee will establish a process for identification, monitoring, and evaluation of injury prevention activities and programs in the Region as evidenced by a written procedure for inclusion in the Region's injury prevention plan.

Progress: The committee has developed a process for identification and informal monitoring and evaluation of injury prevention programs through a reporting template completed by regional trauma program managers. Baseline information has been submitted to the committee by all hospitals in the region.

Indicator 203.5: The RTN has developed a written injury prevention plan. The injury prevention plan is data driven and targeted programs are developed based upon high injury risk areas. Specific goals with measurable objectives are incorporated into the injury prevention plan.

Regional Score: 2. Although the RTN has a written injury prevention and control plan, it is not fully implemented. There are multiple injury prevention programs within the region that may compete with one another, or conflict with the goals of the regional trauma system, or both.

Objective: By June 30, 2018, the Education and Injury Prevention Committee will have developed a written set of goals and S.M.A.R.T. objectives for the region's injury prevention and control plan.

Progress: Goals and objectives for the region's injury prevention and control plan have been developed. The region is targeting falls, off road vehicle accidents, and winter sports injuries. All hospitals have also participated in the regional bleeding control program.

Communications

Indicator 302.10: There are established procedures for EMS and trauma system communications for major EMS events or multiple jurisdiction incidents that are effectively coordinated with the overall regional response plans.

Regional Score: 3. There are written regional EMS communications procedures for major EMS events and multiple jurisdiction incidents that are coordinated with adjacent jurisdictions, with the overall regional response plan and with the incident management system.

Objective: By December 31, 2018, the region will have created a written regional EMS communication procedure for major EMS events which is coordinated with the overall regional response plans and/or incident management system.

Progress: Complete. All Region 7 hospitals participate in the Region 7 Healthcare Coalition communications planning that addresses loss of communications. This plan and modes of communication includes several contingencies in the event of failure which are evaluated monthly.

Indicator 302.9: There is a procedure for communications among medical facilities when arranging for inter-facility transfers including contingencies for radio or telephone system failure.

Regional Score: 2. Inter-facility communication procedures are generally included in patient transfer protocols for each medical facility but there is no regional procedure.

Objective: By November 30, 2017, the region will have established the methods and contingencies by which a request for an interfacility transfer of a trauma patient is communicated to EMS as evidenced by approval of the RTN.

Progress: Each hospital has established a transfer policy but there is no regional policy in place. Each hospital has a redundant communication plan in the event of a communication failure but reference to the plan is not included in the transfer policy and can only be found in the facility's disaster plan.

Infrastructure

Indicator 302.1: There is well- defined regional trauma system medical oversight integrating the needs of the trauma system with the medical oversight of the overall EMS system.

Regional Score: 2. EMS and trauma medical directors collaborate in the development of protocols for pre-hospital providers providing care to trauma patients.

Objective: By November 30, 2017, the Infrastructure and Medical Oversight Committee will be collaborating in the development of protocols for pre-hospital providers delivering care to trauma patients as evidenced by attendance rosters and meeting minutes.

Progress: This objective was initially met by the stated date. However, the committee has not been meeting formally since that time. Committee activities are currently under the RTAC until a stable membership can be created.

Indicator 302.2: There is a clearly defined, cooperative, and ongoing relationship between regional trauma physician leaders and the EMS system medical directors in the region.

Regional Score: 3. Trauma medical directors or designated trauma representatives participate in EMS oversight through participation in local medical control authority meetings. However, there is no formal written relationship.

Objective: By August 30, 2018, each MCA medical director and/or designee and each trauma medical director and/or designee shall have achieved an annual attendance rate of no less than 75% at the Infrastructure and Medical Oversight Committee meetings.

Progress: Not met. Attendance is sporadic and when new directors are appointed, there is a significant lag prior to assuming regional role.

Indicator 303.2: The regional trauma network plan should ensure that the number, levels, and distribution of trauma facilities are communicated to all partners and stakeholders. The RTN should develop procedures to ensure that trauma patients are transported to an appropriate facility that is prepared to provide care.

Regional Score: 3. There is a regional system plan and a diversion protocol that identifies the number, levels, and distribution of trauma facilities. System updates using available data not routine.

Objective: By March 31, 2018, the Infrastructure and Medical Oversight Committee will have revised the addendum to the Region 7 "Trauma Destination and Bypass Criteria" protocol to reflect the status of designation of the Region's facilities by the State.

Progress: Not met due to rapidly changing designation status of facilities and time it takes to amend a protocol. Communication on designation status is through regional leadership reporting out at facility and agency meetings.

Indicator 303.1: The regional trauma plan has clearly defined the roles, resources and responsibilities of all acute care facilities treating trauma, and of facilities that provide care to specialty populations (burns, pediatrics, other).

Regional Score: 4. The regional trauma plan addresses the roles, resources, and responsibilities of licensed acute care facilities and specialty care facilities.

Objective: By August 30, 2018, the region will develop and publish a living document available to stakeholders that communicates the regions trauma centers, their level of designation, specialties and capabilities and limitations of said facilities that may affect the decision of EMS or another facility to send a patient to another regional facility to receive care.

Progress: Trauma assets are regularly assessed and designation status of acute care facilities in the region is communicated to regional partners as that information is released.

Regional Performance Improvement

Indicator 206.1: The RTN generates data reports to evaluate and improve system performance.

Regional Score: 2 Some general trauma system information is available to stakeholders, but it is not consistent or regular.

Objective: By June 30, 2018, the RPSRO will have developed a report of those data sets necessary to collect and analyze in order to facilitate decision-making and/or evaluation of system performance as evidenced by inclusion as an annex to the regional PSRO plan. By November 30, 2018, annual reports will be generated using regional trauma data and other databases so that the system can be analyzed, standards evaluated, and performance measured as evidenced by the reports being filed with the RTN.

Progress: The regional annual report has been completed as prescribed by the administrative rules. The Department has specified which data sets will be collected and analyzed by the regions. Sufficient data has not yet been made available to the regions to be utilized to analyze performance.

Indicator 302.6: The region has adopted mandatory regional pre-hospital triage protocols to ensure that trauma patients are transported to an appropriate trauma center based on their injuries. The triage protocols are regularly evaluated and updated to ensure acceptable and region-defined rates of sensitivity and specificity for appropriate identification of a major trauma patient.

Regional Score: 3 Regional triage criteria are used by all pre-hospital providers. There is no current process in place for evaluation.

Objective: By November 30, 2017, the RPSRO will have surveyed the status of implementation of the regional triage protocols by all MCAs in the region and any barriers to implementation as evidenced by a report to the RTN.

By November 30, 2018, the RPSRO will have developed a process for a region-wide evaluation of the effectiveness of the triage criteria in identifying trauma patients and in ensuring that patients are transported to the appropriate trauma facility, as evidenced by an annual report to the RTN.

Progress: All MCAs surveyed state they have adopted the regional triage protocols. Region-wide evaluation of the effectiveness of the triage criteria will be conducted once the necessary software is available and being utilized by the State to create regional reports.

Indicator 303.4: When injured patients arrive at a medical facility that cannot provide the appropriate level of definitive care, there is an organized and regularly monitored system to ensure the patients are expeditiously transferred to the appropriate, system defined trauma facility.

Regional Score: 2. There is a fragmented system, usually event based, to monitor the interfacility transfer of trauma patients.

Objective: By November 30, 2018, the RPSRO will have developed a process for monitoring inter-facility transports to ensure that the patients are expeditiously transferred to the appropriate, system-defined trauma facility.

Progress: Each MCA continues to monitor the inter-facility transports to ensure patients are transferred to an appropriate facility. The RPSRO, on recommendation, has not met as it awaits availability of system data.

Indicator 205.2: Collected data from a variety of sources are used to review the appropriateness of all-inclusive regional trauma performance standards, from injury prevention through rehabilitation.
Regional Score: 1. There are no written, quantifiable regional system performance standards or performance improvement processes.
<p>Objective: By November 30, 2018, the RPSRO will have developed written, quantifiable regional system performance standards or performance improvement processes from injury prevention through rehabilitation as evidenced in meeting minutes.</p> <p>By November 30, 2019, collected data from a variety of sources will be used to review the appropriateness of all-inclusive regional trauma performance standards, from injury prevention through rehabilitation as demonstrated by an annual report to the RTN.</p>
Progress: in progress.

Indicator 303.4: There is a regional trauma bypass protocol that provides EMS guidance for bypassing a trauma care facility for another more appropriate trauma care facility.
Regional Score: 4. There is a regional bypass protocol that allows bypass of an acute care facility and provides guidance on what the most appropriate facility is based on the patient injury.
Objective: By November 30, 2017, and quarterly thereafter, the RPSRO will update the addendum to the regional bypass and destination protocol to reflect changes to the designation of trauma facilities in the region.
Progress: The designation status of regional acute care facilities is shared through regional meetings. The protocol addendum has been eliminated as it could not be updated and distributed as quickly as the information could be shared through leadership.

Indicator 205.3: The RTN data in the state trauma registry is used to identify and evaluate regional trauma care and improve the use of resources.
Regional Score: 2. There is limited access to the state trauma registry. Data extraction is not available to evaluate performance or improve resource allocation.
Objective: By September 2018, all acute care facilities in the Region will be regularly submitting data to the state trauma registry.
Progress: Complete

Continuum of Care

Indicator 308.1: The regional work plan addresses the integration and participation of rehabilitation services within the continuum of care for trauma patients.

Regional Score: 1. There are no written plans for the integration of rehabilitation services with the regional trauma system or with trauma centers.

Objective: By August 2018, the Infrastructure and Medical Oversight Committee will develop a living document for inclusion in the regional trauma plan which lists all the facilities which provide rehabilitation services in the region and a point of contact for each.

Progress: Transition of leadership has impeded the Medical Oversight Committee activities and completion of this objective.

Trauma Education

Indicator 310.3,4,6: The regional trauma network establishes and ensures that appropriate levels of EMS, nursing and physician trauma training courses are provided on a regular basis.

Regional Score: 2. There are regional trauma training standards for EMS personnel, nurses, and physicians but there is no requirement for course attendance.

Objective: By September 30, 2017, the education and injury prevention committee will begin facilitating the identification of trauma certification course dates, locations, and registration information and forward the information to stakeholders as it becomes available and post to the regional website.

By November 30, 2017, the education and injury prevention committee will submit recommendations for trauma certification for physicians, nursing, and EMS personnel to the RTAC and RTN for their support.

Progress: Complete

Indicator 310.10: As new protocols and treatment approaches are instituted within the regional trauma system; structured processes are in place to inform or educate all personnel of those changes in a timely manner.

Regional Score: 2. The region has developed a process to inform or educate all personnel on new protocols or treatment approaches, but it has not been tried or evaluated.

Objective: By September 30, 2018, the education and injury prevention committee will develop a structured process to inform and/or educate all personnel on new protocols and treatment approaches as documented in the regional plan.

By November 30, 2018, the education and injury prevention committee will develop a method to monitor compliance with new protocols and procedures as they are introduced as documented in the regional plan.

Progress: This information is currently being shared during RTN and RTAC meetings until such time as membership stabilizes.

Regional Summary:

Region 7 continues to be challenged by competing priorities and insufficient human resources to complete the work plan objectives of the Network. As the system matures and more acute care facilities complete the verification and designation process, they are developing a deeper appreciation for their role in and responsibilities to the system. They are finding they have also outgrown the rudimentary work plan of three years ago. Lack of meaningful data has also contributed to more robust participation by stakeholders as there is no objective measure of progress in meeting goals. Each of the above will be prioritized and discussed in-depth with leadership to identify methodologies to lessen the impact of those challenges.

Upon initially gaining some momentum in achieving the objectives set forth in the previous application, response to COVID-19 taxed the program participants and took precedence over addressing the Regional Work Plan.

Regional System Evaluation in accordance with Administrative Rule Requirements:

- ☒ Regional trauma network and committee meetings have taken place as scheduled (quarterly) in accordance with the Open Meetings Act.
- ☒ Schedule and information regarding RTN Board and RTAC posted on the trauma website
- ☒ Annual confirmation that members of the RTAC are currently involved in trauma care completed.
- ☒ All MCA's are participating in the RTN
- ☒ Documentation that all hospitals in the trauma network are participating in:
 - ☒ Regional Injury Prevention
 - ☒ Regional Performance Improvement
 - ☒ Submission of registry data to ImageTrend
- ☒ Regional trauma plans completed (attach copy of plan or state "in progress")

☒ Regional Injury Prevention

☒ Regional Trauma Education

☐ Regional Performance Improvement – in progress

☒ Regional PI process in place; Inventory data reviewed, and trends (if noted) are being monitored. PI process that includes two levels of review is place (as needed). RPRSO corresponds annually (at a minimum) with RTN regarding PI. Minutes, materials stored by RTC.

☐ Yes / ☒ No Meetings occurred quarterly and have taken place as scheduled

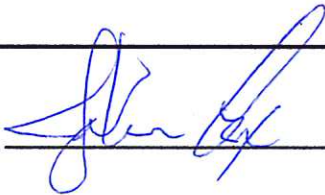
☒ Yes / ☐ No Members of the RTAC are currently involved in trauma care

☒ Yes / ☐ No All MCA's are participating in the RTN

☒ Yes / ☐ No Performance improvement ongoing

Inclement weather during the winter months resulted in the cancellation of several meetings that must be held face-to-face.

RTN Board Chairperson:



Date:

2/25/21

Regional Trauma Coordinator:

Date: